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ABSTRACT

Intended for parents, the pamphlet provides suggestions for toilet training a blind child. Among the 12 tips presented are to establish a regular and convenient toileting schedule, provide a comfortable toilet arrangement, and give the child something to play with. Common problems in toilet training blind children are reported as fear of sitting on the toilet seat, refusal of boys to urinate as they grow older, extreme constipation, and night training. It is stressed that parents should use simple training procedures, and if they are not successful at first, should wait and try again at a later date. (SB)

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Toilet Habits

suggeStions for training a child who iS blind

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In the vast amount of literature pertaining to guidance of the young child, parents can easily find advice on ways to teach him acceptable toilet habits, or to "train" him, as we commonly say. But if parents have a child who does not see, they may question whether the same methods are applicable, particularly if their child is not responding readily. Experience seems to show there is no substantial difference in the techniques used successfully whether the child has vision or not, but a few observations in regard to the blind child may be helpful.

Like walking, talking, and self-feeding, the ability to take care of one's own toilet needs is a milestone of achievement in any child's developmental progress. Perhaps it is even more significant for the blind child in that blindness tends to promote dependency. When the blind child can accept the responsibility for his own toileting, it is not only an outward indication to us of what he is able to do for himself, but it is important to his own inner feeling of being capable and independent of help from others.

A child cannot be expected to take his share of responsibility until he has reached a certain stage of developing capacity or maturity. He is being asked to inhibit a natural function that up to this time has been involuntary. He must first have developed to the point where he has a voluntary type of muscular control, of which he was incapable as an infant. He will now also have awareness and be capable of recognizing feelings and sensations. Toileting is a learning process. Secondly, he must want to cooperate in his bathroom procedures. In reality it is not aksing too much of him for he soon learns to like commendation for his behavior and to respond to it. Later, as he grows, he will want to be like others and to do what is expected of him. But until he has reached the stage in his development at which he is ready to learn, all the mother's attempts at toilet training may

be fruitless and even harmful. It is the child himself, according to his own growth and development time schedule, who in the last analysis determines when he will perform according to acceptable standards.

For practical purposes, one may consider the child toilet trained who is able to make his needs known, take care of himself in the bathroom without assistance, and remain dry at night. This definition is applicable to any child except perhaps one handicapped by a severe motor impairment.

Though there is a great deal of individual variation in rate of development among children as a whole, most authorities agree that a child is usually able to control his bowel movements by the age of two, but may not be expected to keep consistently dry until three or three-and-one-half years of age. He may even then have to be occasionally reminded to go to the bathroom, particularly if he is absorbed in his play. He may have "accidents," too, at times when he is under strain, excited, or ill. Temperature changes often affect small children. In cold weather, for example, they need to urinate more frequently.

Sometimes one hears of a child who is "trained" at the very early age of a few months. In these instances it is usually the mother who has learned to discipline herself as to when the child needs attention. She "catches" him at the opportune time but he has not learned bowel and bladder control. The success fo this type of training, which is quite dictatorial, is doubtful in that it is apt to be only temporary and has been thought in some instances to have undesirable effects in later years.

Although some blind children are toilet trained as easily and as early as sighted children, many are somewhat slower. When one considers how much there is for the blind child to learn in the first few months of life and that he must do it without the great aid of vision and consequent imitation, it is reasona-

ble to expect that he may not meet the time schedule as generally observed with the child who has normal vision. Because there will be so many new learning experiences for him every day and even every hour, if he clings to something which is old and familiar to him it is not surprising. In the matter of toilet training he may retain his old habits for a longer time than the sighted child while he is gaining security and self-confidence in other ways. It has been observed that throughout the course of the child's early development and learning, good toilet habits are often among the last to be firmly established. Most children learn to walk without support, to carry on a simple coherent conversation, and even begin to feed themselves, a most complicated process, before they can be fully depended upon to take care of their toilet needs.

It has also been observed that those children, blind or sighted, who seem to respond more quickly than others to toilet training are usually those who live in an environment where the processes of elimination, like other normal functions, are talked about freely and accepted as a necessary part of daily living with no unusual amount of attention or emotion. It is not easy to create such an atmosphere where it does not normally exist because as soon as we have to put effort into talking "freely" about self-feeding, toileting, or anything else, we immediately help to fix the child's attention upon that particular subject. He discovers that there is something here which seems to have importance in the family and soon the toilet procedure assumes undue emphasis as far as the pattern of daily living is concerned.

With the possibility of so many subtle forces at work, it is not strange if parents have difficulties with training and look for specific help. The suggestions noted here, though not intended to be inclusive, are basically those which are conducive to the learning

of good toilet habits for any child. Parents may find it helpful to:

1 Try to establish a schedule of toileting at a regular and convenient time, as for example, before or after breakfast, or possibly later, dependent somewhat on observation of the child's need.

2 Be consistent in keeping to the toilet routine not only in regard to the time element but also as to the manner of toileting. Children like to do things in the same way; they love repetition. Moreover, it gives them a sense of safety to know just what they may expect.

Consistency helps to remove doubt, expecially for the blind child, who may be uncertain of the facts because he does not see, and to build associations for his learning. For example, he learns the route to the bathroom by the things which he touches in passing. He is acutely aware of the sound of running water followed by the washing of his face. He recognizes wet, slippery soap, the coldness of the bathtub, the crispness of his toothbrush accompanied by a pleasant scent. All these sensory experiences are a significant part of various toileting procedures to the child who does not see.

3 Use two simple words which will always mean need for "going to the bathroom" or toileting to the child. They may be something generally familiar or originated by the child.

4 Provide a comfortable toilet arrangement. A low portable chair, in the same location, is satisfactory or a small seat over the regular toilet can be used successfully with some children, thus facilitating the

later change to the regular seat. A low footstool should be provided in the latter arrangement so the child will have a feeling of something concrete under his feet rather than unknown distance to the floor.

Unfortunately, manufacturers are producing at present a combination chair for both feeding and toileting purposes. As such an arrangement can be most confusing, particularly to the child who is blind, it is recommended that a distinction be made by using a high chair for eating and a low, easily accessible one, or the regular bathroom facilities for toilet needs. A high chair for eating allows the child to be at the level of the family dinner table when he eats with the family.

5 Give the child something with which to play, preferably a toy tied to the toilet chair. He will throw it away, find it again, and, incidently, it may save disastrous attacks on the roll of toilet paper.

6 Guard against leaving the child on the toilet too long a time; ten minutes is usually considered sufficient. If he stays longer, he may forget the association and purpose of going to the bathroom. It may also be more difficult for him to discriminate between the toilet, where he is left for an indefinite length of time, and any other place where he is comfortable.

7 Always change wet clothing. In this way the parent helps to build up in the child a distaste for discomfort. If he wants to remove his wet clothing, the parent may say that she understands how uncomfortable he is and then help him with the change.

8 Take the child to the bathroom even though he has just wet his clothing so that the act will become

associated with the appropriate place. One may think, "It is too late now," but little children need many concrete clues and so immediate action is helpful.

9 Provide the child with clothing which he can manage easily. Training pants are recommended as soon as possible, not only because they foster self-help (the child can easily pull them up and down) but also because they are real evidence that he is outgrowing the diaper stage.

10 Let the child accompany other persons in the family to the bathroom so he will recognize its conventional use by everyone. It is normal for children to want to imitate and be like others.

11 Accept "accidents" calmly.

12 Always expect the best from the child and give him your genuine approval when it is legitimate; at the same time withhold undue praise.

One of the most common problems reported by parents of blind children is fear of sitting on the toilet seat. Some children stiffen their whole bodies and become so rigid and emotionally upset that the experience tends to be more harmful than beneficial. In such instances, when the mother is unaware of any reasonable cause for the child's disturbance, it is usually advisable to delay training until the child is more mature. On the other hand, she may try various types of equipment until she finds the one which seems most satisfactory to the child. Again, a great deal depends upon the individual situation. Many of

the reasons for the child's reactions are too complex to be easily determined. The sound of the flushing of the toilet can be frightening to the child. There is the added fear of the unknown: from where does the water come? Where does it go? Why is it so noisy? A child may resent being alone and away from the familiar noises of the house. Children are individualists. It is not unusual for a child to prefer a particular place as his bathroom. Though parents should try to accustom him to the environment of the regular bathroom, if necessary they may find it helpful to use a portable chair in some place that is more comfortable to him, as, for example, in the room where the mother spends much of her time or by a window where there is light, for as long as fear of the bathroom persists.

Another common report is that little boys as they grow older refuse to stand to urinate. The suggestion of trying to be like older members of the family may be quite effective. Exploring bathrooms in other people's houses and talking about normal functions may be helpful also to the child who is trying to make the transition. Bathrooms have a certain amount of fascination for most young children and the child who is blind is no exception.

Frequently children are troubled by extreme constipation. It is natural to think that perhaps the child does not understand what is expected of him and that when he is older the condition will improve. Bowel movements may possibly be painful or again the child may be fearful of the function of the toilet. The toilet should not be flushed when the child is on the seat. When constipation persists, the parent should consult the family doctor.

Sometimes night training, which comes later in any child's development, seems difficult. In many instances it is facilitated by doing away with diapers,

because they suggest the child's actions are permissible, and by taking him to the bathroom in the late evening.

In spite of all the suggestions and advice which parents may receive from one source or another, many mothers say, "I just can't get anywhere with toilet training." One will report her child so unpredictable that she cannot follow any kind of a toilet schedule; another says she can put her child on the toilet "20 times a day" and still he will always perform as soon as she takes him off. She thinks that it must be pure stubbornness on his part because he "knows better."

It is quite possible, as far as the time element is concerned, that the child is not capable of performing as readily as the mother believes, or she may be trying too hard to teach him and unconsciously forcing him. Children are extremely sensitive to persons, and particularly to their mothers. The child recognizes and reacts to this mother's tension and anxiety. He knows by the sound of her voice, the way she takes his hand, or by her manner of speech that something is upsetting her. A sensitive child cannot be at his best under such conditions, while a more designing youngster may capitalize upon the situation and use toileting as an attention-gaining device. An examination by the doctor, the arrival of a new baby in the family, or other events which may easily upset the child should always be taken into account, too, if toilet training is not proceeding satisfactorily.

Because every child is different, it cannot be said that there is one or another infallible method of training. A system of charting a child's toilet functions may be helpful to some parents and quite unnecessary to others. Regressions are common and should not cause concern. Parents should try not to become too anxious about the ages at which their children are trained but rather to remember that

when the child is ready, he will not only conform easily but will do it with a sense of pride and look forward to pleasing his family with his cooperation. Experience shows that putting pressure on the child often prolongs the training period. The child who continually resisted toilet training to the point where his mother "gave up" has been known to respond when concern over his performance was forgotten. Parents are encouraged, then, to use simple training procedures and, if they are not at first successful, to wait and try again at a later date.

Above all, it is important that the family maintain a positive and sympathetic attitude. It is natural for parents to become irritated if and when the child seems to be obstinate about conforming. But the child should know that his efforts are appreciated. He recognizes approval in any language. He should also know that he is loved whether he is always successful or not. With understanding and affection which contribute to his feeling of safety, he will then be able to respond better to the training efforts of his parents.

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